UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.4/Sub.2/2001/27
4 July 2001

ENGLISH
Original: FRENCH

COMMISSION ON HUMAN RIGHTS
Sub-Commission on the Promotion and
Protection of Human Rights
Fifty-third session
Item 6 of the provisional agenda

**OTHER ISSUES**

# TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND THE GIRL CHILD

**Fifth report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child, produced by Mrs. Halima Embarek Warzazi pursuant to Sub-Commission resolution 2000/10**

CONTENTS


| | | Paragraphs | Page |
|---|---|---|---|
| | Introduction | 1 - 7 | 2 |
| I. | FEMALE GENITAL MUTILATION: NATIONAL, REGIONAL AND INTERNATIONAL INITIATIVES | 8 - 83 | 3 |
| | A. National initiatives | 8 - 61 | 3 |
| | B. Regional initiatives | 62 - 71 | 10 |
| | C. International initiatives | 72 - 76 | 12 |
| | D. Other information | 77 - 83 | 13 |
| II. | OTHER TRADITIONAL PRACTICES | 84 - 90 | 14 |
| | A. Information supplied by Governments | 86 - 87 | 14 |
| | B. Measures taken within the United Nations system | 88 - 90 | 15 |
| | Conclusions | 91 - 102 | 16 |


GE.01-14455 (E) 310701

## Introduction

1. In its resolution 1998/16, the Sub-Commission on Prevention of Discrimination and Protection of Minorities recommended that the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child should be extended to ensure the completion of her task, as called for in resolution 1996/19, and at the same time to enable her to follow up recent developments at all levels, including the General Assembly. In its resolution 2000/10, the Sub-Commission decided to continue consideration of the question and to extend the mandate of the Special Rapporteur. This extension was confirmed by the Commission on Human Rights in its decision 2001/107, by which it requested the Special Rapporteur to submit an updated report to the Sub-Commission at its fifty-third session. This fifth report is thus submitted pursuant to the resolutions referred to above.

2. It may be recalled that in each of her previous reports (1996-1999), the Special Rapporteur deplored the small number of replies received from Governments, particularly those concerned by traditional practices affecting the health of women and the girl child, to the Secretary-General's note concerning the Plan of Action for the elimination of such practices.

3. The Special Rapporteur noted that whereas 25 countries replied in 1996, only 7 sent replies in 1997 and 4 in 1998. In 1999 she received no replies at all.

4. Eight countries replied to the Secretary-General's note in 2000, and while the Special Rapporteur continued to regret the scarcity of information, she was pleased to report that Member States appeared to be contributing more regularly and more systematically to the Secretary-General's reports to the General Assembly. Notwithstanding the Special Rapporteur's original desire to devote the greater part of her fourth report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child (E/CN.4/Sub.2/2000/17) to practices other than female genital mutilation, for example crimes of honour, which she felt required urgent, concerted action by the international community, she had been forced to modify her plans in view of the very limited amount of information submitted directly on this question.

5. Despite the disappointment voiced in previous reports, the Special Rapporteur noted that mobilization within the societies affected by the phenomenon of harmful traditional practices was a force for positive, albeit slow and uneven, change.

6. This year, the Special Rapporteur has received information from the following countries: Azerbaijan, Guatemala, Lebanon, Mauritania, Mexico, New Zealand, Qatar and Sweden. She has also received submissions from the International Monetary Fund (IMF), the United Nations Food and Agriculture Organization (FAO), and the Organization of African Unity (OAU). The Special Rapporteur would like to thank those countries and organizations for the interest they have shown in the matter. Nevertheless, she continues to deplore the scarcity of respondents and the lack of information, which, she hopes, should not be interpreted as a lack of commitment to the elimination of harmful traditional practices.

7. As in the previous year, the Special Rapporteur had intended to focus on the issue of crimes of honour, which required the international community to combine urgent and concerted

action with an approach that respected the culture of the most affected regions and countries. In view of the limited amount of information submitted directly on this question, the Special Rapporteur has decided to devote this report to a review of the latest information on national and international measures taken against female genital mutilation and to consider some of the information available concerning other traditional practices.

## I. FEMALE GENITAL MUTILATION: NATIONAL, REGIONAL AND INTERNATIONAL INITIATIVES

### A. National initiatives

#### 1. Information supplied by Governments

8. Contrary to the trend noted in the previous report, this year the replies do not focus exclusively on female genital mutilation. Nevertheless, it is increasingly obvious that countries where female genital mutilation has until now not been a serious problem are having to adopt laws and preventive measures to combat the practice. Further to the information supplied by France and Germany last year, New Zealand and Sweden have this year reported on national measures to address this issue.

9. Sweden notes that, although it is difficult to cite precise statistics, a number of children domiciled in the country are affected by female genital mutilation. Statistics indicate that there are approximately 5,000 girls in Sweden originating from countries where genital mutilation is practised, of whom 2,000 are under the age of seven. Many of them come from countries where over 80 per cent of the women have undergone genital mutilation. Consequently, the Swedish authorities regard these girls as children at risk.

10. In New Zealand as in Sweden, female genital mutilation is considered a criminal offence punishable by law. Under Swedish law, the consent of the person concerned or the guardian in the case of a child is irrelevant. Both countries apply the rule of extraterritoriality, meaning that proceedings may be taken against the person who performs the mutilation and also against instigators and accomplices. Neglecting to report impending genital mutilation is also a criminal offence in Sweden.

11. Insofar as criminal laws are plentiful yet far from adequate or wholly effective, Sweden and New Zealand have both put in place preventive measures aimed at changing people's attitudes.

12. The Swedish National Board of Health and Welfare aims to develop and initiate preventive projects in areas with high concentrations of immigrant families from countries where genital mutilation is widely practised. The measures are directed at the relevant population groups themselves and at professionals who regularly come into contact with them. Special funds have been allocated for this project over a three-year period.

13. New Zealand has implemented a national education programme to prevent the occurrence of female genital mutilation through education, medical assistance, and other help for women and girls who are at risk or have been subjected to this practice. The programme focuses on

improving health-care services for genitally mutilated women through appropriate training of doctors and medical personnel. The largest women's hospital in Auckland has established a clinic to provide specialized care to genitally mutilated women and girls. A child protection network has also been established by social workers, education professionals and the police. Internationally, as part of New Zealand's official development assistance programme, the Government has provided funding for two non-governmental organizations (NGOs), namely World Vision International (for a project in Tanzania) and International Save the Children Alliance (for a project in Kenya).

14. Mexico referred to its contribution to the Secretary-General's report to the fifty-fourth session of the General Assembly and stated that the practice of female genital mutilation did not exist in its territory. Qatar indicated that female genital mutilation was no longer practised in the country in view of the health-care services provided by the State and the development of health education in society, particularly among mothers. Lebanon said that the lack of data on harmful traditional practices could be explained by the fact that such practices did not exist in its territory.

### 2. Other sources of information

15. The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children has reported developments in more than 22 African countries where it operates, and initiatives have been undertaken in so-called host countries such as Austria, Belgium, France, Japan, the Netherlands and the United Kingdom of Great Britain and Northern Ireland.

16. Following the adoption of legislative measures in Burkina Faso, Djibouti, Egypt, Ghana, Nigeria and Guinea, the Special Rapporteur was keen to assess the impact of these enactments on policies and measures at grass-roots level and on the practice of female genital mutilation. The Inter-African Committee has used seven criteria to measure the progress that has been made in countries with national committees. The criteria are the existence or establishment of:

- Training for field workers;
- Training, information and education campaigns;
- Retraining programmes for former practitioners;
- Research and surveys on various harmful traditional practices;
- Lobbying;
- Intra-community networks;
- Information and training documentation.

17. It should be noted that in Benin the practice of female genital mutilation is no longer a taboo. The political, religious and community authorities are increasingly involved in efforts to combat the practice, and practitioners themselves are gradually curtailing their activities. The

combination of these factors has led to a marked decline in the number of mutilations in Benin. The population in Burkina Faso is increasingly favourable to the eradication of female genital mutilation. In the Gambia, by contrast, where 80 per cent of the rural population still resorts to this practice, the situation remains worrying, although public information campaigns appear to have had some impact in the towns. The Gambia should therefore continue its efforts. The same is true of Ethiopia, where public information campaigns seem to have run out of steam. In contrast, the Inter-African Committee welcomes the recognition of its national committee in Nigeria.

18. In October 2000 the African Women's Organization in Vienna carried out a survey of the practice of female genital mutilation in Austria among at-risk immigrant populations. The results of this survey, combined with other national public information campaigns, have promoted the Austrian Government to admit for the first time that the practice of female genital mutilation exists in its territory, and accordingly the Austrian Parliament passed a law criminalizing such practices on 5 December 2000.

19. In France and Belgium, the Women's Group for the Abolition of Sexual Mutilation and Other Practices Affecting the Health of Women and Children is conducting awareness-raising campaigns on female genital mutilation among immigrant communities. These public information campaigns and training programmes, which involve parents and practitioners alike, have brought about a reduction in the number of mutilations. Nevertheless, the French section of the association, which tries to offer asylum to refugees who have undergone such practices, reports that it is becoming increasingly difficult to achieve its objectives in this field.

20. The recently established Women's Action Against Female Genital Mutilations (Japan) aims to support campaigns to eradicate mutilation in African countries where this practice is widespread. Although mutilations do not occur in Japan, the members of the organization believe that female genital mutilation is a recognized form of violence against women; as such it has a universal dimension and is not confined to a single geographical region.

21. The Federation of Somali Associations in the Netherlands aims, inter alia, to provide legal assistance and support to women originating mainly from Somalia and to raise their awareness of the problem of mutilations. This association, like the London Black Women's Health Action Project in the United Kingdom, offers a wide range of services such as health education, discussion groups, seminars, translations of public information documents and social and medical assistance to African women, particularly Somalis.

### 3. Activities of the Special Rapporteur

22. The Special Rapporteur hereby transmits to the Sub-Commission the information she has gathered in the course of her visit to Mauritania pursuant to her mandate and at the invitation of the Directorate for the Advancement of Women.

23. The Directorate for the Advancement of Women, which operates as part of the Office of the Secretary of State for Women's Affairs, submitted a report to the Special Rapporteur on the Mauritanian Government's efforts to eradicate traditional practices harmful to women.

24. These efforts also form part of a national strategy for the advancement of women which has been a priority of the Office of the Secretary of State since its establishment.

25. One very successful initiative, not just among women themselves but also among officials tasked with helping to improve the status of women in Mauritania, has been the holding of numerous seminars designed to raise public and official awareness of the damaging effects of discrimination against women and the harm caused by certain traditional practices, to highlight the choices which Islam permits women to make, and to demonstrate the necessity of implementing the Convention on the Elimination of All Forms of Discrimination against Women, which Mauritania endorses and has ratified.

26. Likewise, special emphasis has been placed on seminars designed to make various NGOs working in Mauritania aware of their responsibility and role in promoting women's social and legal status and to strengthen their capacity to act.

27. For example, the Office of the Secretary of State for Women's Affairs organized a seminar from 9 to 11 April 2001 for representatives of 45 NGOs on the theme of laws and the status of women in Islam. The event was opened in the presence of the Secretaries of State of the Ministry of Justice and the Ministry of Culture and Islamic Guidance. The participants examined harmful practices that are allegedly prescribed by Islam but which in fact violate its teachings. Examples include:

- Early marriage;
- Excision;
- Divorce on demand for husbands, which, although permissible, is strongly discouraged by Islamic moral teaching;
- All forms of violence;
- Forced feeding.

28. The principal objectives of this strategy are to assess the status of Mauritanian women, define priorities for the authorities with regard to the advancement of women, devise a coherent programme for the new century and involve donors by raising their awareness of the Mauritanian Government's priorities.

29. The National Strategy for the Advancement of Women is contained in six documents focusing on the following areas:

- Women, health and population;
- Women, education and training;
- Women and voluntary activities;

- Women and self-employment;

- Women, families and the law;

- Women and the environment.

30. These different issues and priorities take account of the realities facing Mauritanian women and their status. To this end, special emphasis has been laid on preventive care, mother and child health, schooling for women, voluntary activities (status of cooperatives and women's groups, etc.), female employment, women and the law, the advancement of women, and the environment.

31. The Office of the Secretary of State for Women's Affairs is working to implement the National Strategy with a view to initiating equitable participatory development by mainstreaming the gender perspective in all current and future activities. Special attention is therefore being devoted to women's access to all resources and the establishment of accessible databases.

**(a) NGO activities in Mauritania**

32. The National Forum for the Promotion of Women's Rights (FNPDF) has sponsored a study which basically advocates a law against female genital mutilation in Mauritania. The United Nations Development Fund for Women (UNIFEM) contributed to this survey.

33. Pursuant to this survey, Mauritania participated in the UNIFEM regional campaign to combat violence against women, in which excision figures as a major theme.

34. The study notes that "since the establishment in 1993 of the Office of the Secretary of State for Women's Affairs, a frank and open debate has been initiated with Government officials, voluntary organizations and religious leaders regarding the issue of genital mutilation".

35. Now that these actors and associations have been made aware of the problem, NGOs are currently relying on religious leaders, and especially members of the High Islamic Council, to lobby openly for the abandonment of the practice of female genital mutilation in Mauritania.

36. The Special Rapporteur welcomes this commitment as confirming her belief that religious leaders have a crucial role to play in eliminating practices for which religion is often cited as a justification when in fact no religious justification exists.

37. This study focuses on the situation in certain regions of Mauritania where these practices occur.

38. The decision to have excision performed on a girl child is taken by her family. The operation itself is performed by a traditional practitioner or occasionally by someone with formal medical training.

39. Religion and tradition are invoked to justify this operation.

**(b) Social and cultural perceptions of female genital mutilation**

40. Most ethnic groups are aware of the need to abandon this practice owing to the intervention of their religious leaders, who preach rejection of the custom.

41. However, FNPDF's the awareness-raising campaign in Guidimakha region, conducted between December 2000 and March 2001, revealed some reluctance to discontinue the practice of mutilation.

42. The tenacity of this custom among the Pulaars and Soninkés is attributable to the low social and cultural status of women among these groups, which demand total and blind obedience of the female sex.

**(c) View of medical personnel regarding the adoption of a law against female genital mutilation**

43. At the congress of West African surgeons held in Nouakchott in March 2001, FNPDF argued for an end to female genital mutilation and the adoption of a law to criminalize this practice. This standpoint was immediately endorsed by the participants.

44. Accordingly, a recommendation adopted at the closure of the congress enabled all the participants to formulate a clear position on the issue. The main points are as follows:

- Female genital mutilation is a real public-health problem considering its extent and its harmful consequences on the health of women and girls;

- The adoption of a law to criminalize female genital mutilation is necessary in Mauritania to safeguard the fundamental rights of women as enshrined in various conventions, for example the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child;

- Genital mutilation is not a practice prescribed by Islam.

45. In addition, the Ministry of Health and Social Affairs, in cooperation with the Office of the Secretary of State for Women's Affairs, the Office of the Commissioner for Human Rights, Poverty Reduction and Integration, and a number of other associations active in this field, have established a national commission to combat practices harmful to the health of women and girl children, including female genital mutilation.

46. A number of awareness-raising measures and a national campaign have been launched to this end.

47. During these campaigns, all regional medical personnel have been pressed into service to raise awareness among the general public and decision-makers alike. In this task they cooperate closely with women's groups, religious leaders and traditional communicators.

**(d) Human resources**

48. Urban populations are generally better informed about the need to discontinue the practice of female genital mutilation.

49. Many pockets of resistance persist in rural areas, however, for example among the Soninkés in Guidimakha region, the Pulaars in Brakna and Gorgol regions, and the populations of the Hodh El Charghi and Hodh El Gharbi regions in the south-east.

50. It must be noted, however, that the symbolism attaching to female genital mutilation, i.e. submission of the female sex, is less powerful nowadays and excision is no longer a precondition for marriage among certain ethnic groups.

51. Moreover, public and private health services keep statistics on various complications that can arise following excision (haemorrhage among girls, rupture of the perineum in labour, tetanus, AIDS, etc.).

**(e) Obstacles to the adoption of the law**

*(1) Social and cultural obstacles*

52. Mauritania's various ethnic groups hold differing views on the need for a law to combat female genital mutilation, according to the findings of FNPDF campaigns in Nouakchott, Brakna, Gorgol, Trarza, Adrar, Dakhlet Nouadhibou and Assaba.

53. Population groups of Arab stock are much more receptive to discontinuing the practice of excision than the Soninkés and Pulaars, who are holding fast to their traditions despite the realization that the sharia does not prescribe the practice.

54. Nevertheless, the Soninkés appear to be benefiting from the commitment of some of their leaders who have been made aware of the need for a law prohibiting female genital mutilation.

*(2) Fundamentalist religious movements*

55. Mauritania has a fundamentalist movement which opposes the advancement of women and believes that female genital mutilation should not be outlawed because it is allegedly not prohibited by the sharia.

56. However, this political-cum-religious movement is being resisted by the orthodox authorities of the High Islamic Council, who resolutely favour the adoption of a law against female genital mutilation.

*(3) The view of certain women's organizations*

57. Some women's organizations consider that the adoption of a law against female genital mutilation might not be supported by local communities, especially in rural areas.

**(f) Strategies to legislate on female genital mutilation**

58. A survey carried out by FNPDF reveals that, to date, the Mauritanian courts have never heard a case involving female genital mutilation.

59. However, excision could be treated as mutilation involving intentional wounding of women, and thus would fall within the scope of the Criminal Code.

60. FNPDF's study concludes by outlining the following strategy to adopt a law against female genital mutilation:

- Support awareness-raising programmes aimed at rural communities, recalcitrant religious leaders, and especially the Soninkés and Pulaars living in Brakna, Gorgol, Guidimakha and Trarza regions;

- Strengthen the capacity of associations and institutions which are campaigning to adopt the law;

- Emulate successful models, for example similar laws adopted by Senegal and Burkina Faso;

- Seek endorsement from the highest State authorities, in particular the President, with a view to ensuring public acceptance;

- Promote wider knowledge of the provisions and conditions of application of the law;

- Re-integrate former practitioners into society by offering training in traditional midwifery and making available re-integration grants.

61. Beyond and in parallel with various national and transnational initiatives, regional activities are essential if a comprehensive approach for dealing with female genital mutilation is to be developed.

## B. Regional initiatives

62. The African continent is extremely active in the regional sphere, despite numerous difficulties of an economic, social and cultural nature, or owing to famine, drought or the armed conflicts afflicting the continent.

63. As part of the follow-up to the symposium for religious leaders and medical personnel held in Banjul, the Gambia, from 20 to 24 July 1998 (E/CN.4/Sub.2/1999/14, paras. 47-54), another symposium for religious and traditional leaders was held in Arusha, Tanzania, from 20 to 22 August 2000. Twenty-three of the 53 participants, representing 10 African countries, were religious leaders and the rest were representatives of United Nations agencies, NGOs, national committees of the Inter-African Committee, and government representatives. The purpose of the symposium was to review and evaluate action undertaken by the religious leaders since the Banjul meeting, and to develop a plan of action aimed at strengthening present or future

activities, through the establishment of an African network of religious leaders. The representative of the Islamic Republic of Iran proposed that a comparative study of female genital mutilation should be conducted by country and religion. The Arusha Declaration on Harmful Traditional Practices was issued at the closure of the symposium.

64. The Special Rapporteur welcomes this initiative, which reflects increased awareness by the different parties concerned, who have committed themselves to a long-term process requiring continuous efforts.

65. Following the two preparatory meetings held in 1997 and 1998, which led to the revision and in-depth consideration of the preliminary draft convention on the elimination of harmful traditional practices affecting the human rights of women and girls, the draft is to be submitted to the Ministerial Conference of the Organization of African Unity for adoption. Following consultations in 2000 by the Organization of African Unity in cooperation with the Economic Commission for Africa and the Inter-African Committee, it was proposed that the preliminary draft convention should be integrated into the future African Charter on women's rights. This proposal must be adopted by the Ministerial Conference of the Organization of African Unity and approved by the Organization's Assembly of Heads of State and Government. Once adopted, this document will be a binding legal instrument of regional scope and will create legal obligations for the States that ratify it. It will also strengthen the numerous regional and national campaigns that have been launched against female genital mutilation.

66. In that respect, in an effort to persuade the Government of Mauritania to accede to the preliminary draft convention, which the Organization of African Unity is proposing to add to the African Charter on Human and Peoples' Rights as an additional protocol, a study was sponsored by the FNPDF. According to the study, which has received the support of the United Nations Development Fund for Women, the African Charter does not lay sufficient emphasis on women's fundamental rights to liberty, equality and dignity. The study notes that the Charter's old-fashioned conception of human rights in Africa derives from ancient traditions and values of African civilization that relegate women to the background in relation to men. For example, the only reference to women in the Charter appears in article 18, which stipulates that the State shall ensure the elimination of all discrimination against women and shall also ensure the protection of the rights of women and children as stipulated in international declarations and conventions. According to the study this article reflects a paternalistic conception of women which reduces them to the status of minors.

67. The draft protocol provides women with more justice and equality in this respect, advocating in article 2 the adoption of positive measures to fill the existing gap in rights between men and women. Article 5 of the protocol concerning women stipulates that States must protect women and girls against all forms of violence, and that violence committed against women in times of war should be considered war crimes and punished as such.

68. With regard to traditional practices that are harmful to the health of women and girls, the draft protocol opposes early marriage and sets the age for marriage at 18. Article 20 deals with widows. Article 6 defines harmful practices as meaning all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life,

health and bodily integrity. Pursuant to that article, States parties undertake to enact and effectively implement appropriate national legislative measures to prohibit all forms of harmful practices which endanger the health and general well-being of women and girls.

69. The draft protocol advocates information, formal and informal education, communication campaigns and outreach programmes. It states that the necessary measures should be taken to prohibit the medicalization and para-medicalization of female genital mutilation and scarification, in order to effect a total elimination of such practices. Article 6 also provides for the rehabilitation of victims of harmful practices through the provision of social support services such as health services, counselling and skills training to facilitate their reintegration into their families, communities and in other sectors of the society.

70. Finally, States parties must protect and grant asylum to those women and girls who are at risk of being subjected to such harmful practices.

71. It is the Special Rapporteur's hope that this protocol, which represents an important step forward in action to combat harmful traditional practices in Africa, will be adopted by the Organization of African Unity summit.

### C. International initiatives

72. The Pan-African Women's Organization, in partnership with the Vienna Institute for Development and Cooperation, organized an international conference on female genital mutilation which was held in Vienna from 31 October to 1 November 2000. Owing to previous commitments the Special Rapporteur was not able to take part in the conference, but she has given attention to the conclusions of this meeting, the first of its kind in Austria. This conference made it possible for various committed actors to meet in a country where specific data on this subject had previously been unavailable.

73. The conference provided an opportunity to discuss legal, political, social, medical and cultural aspects of female genital mutilation. Some participants stressed that female genital mutilation refers to practices that violate human rights. Representatives of certain African countries spoke about the progress achieved and obstacles that continue to be encountered in combating female genital mutilation. The conference also threw new light on the global dimension of this issue. Such practices are exported towards other countries, notably European countries, including Austria, by immigrants to those countries. The conference enabled such countries' to gain understanding of the problem and reminded them of their obligations and duties as host countries.

74. The United Nations Population Fund held its fourth African Women Ministers and Parliamentarians regional conference from 24 to 27 July 2000 in Windhoek, Namibia, under the theme "Challenges to Meet Adolescent Sexual and Reproductive Health Needs in sub-Saharan Africa". Discussion centred on the elimination of female genital mutilation.

75. The Women's World Forum against Violence, attended by women from 96 countries, was held in Valencia, Spain, from 23 to 25 November 2000. The Forum considered four priority themes and discussions led to the adoption of a series of recommendations. The themes chosen

were: domestic violence, female genital mutilation, sexual exploitation and violence against women in times of armed conflict. As part of the recommendations relating to female genital mutilation, the Forum made an appeal for immediate international action. It also requested the United Nations to develop a strategy aimed at the total eradication of female genital mutilation. United Nations bodies would be entrusted with evaluating the progress achieved, on the basis of previously-established benchmarks and objectives. The Organization of African Unity was also encouraged to adopt as soon as possible the preliminary draft convention on the elimination of harmful traditional practices affecting the human rights of women and girls, and the countries with high immigration rates were asked to take legislative and preventive measures to protect girls at risk. An appeal for international cooperation was also made, with a view to providing the countries and programmes combating this practice with financial assistance.

76. In this connection, the Special Rapporteur would like to reiterate the appeal she regularly makes to all countries with large inflows of immigrants to develop and put into effect programmes to combat harmful traditional practices in accordance with their national laws and international standards, but always with due respect for the cultural values of the migrant population groups and without denigrating their cultures or treating the societies concerned with disdain or an air of superiority (E/CN.4/Sub.2/2000/17, para. 29).

### D. Other information

77. Before closing this section dealing with female genital mutilation, which gives a brief review of some of the most recent initiatives in this area, the Special Rapporteur would like to note that young people are particularly committed to combating harmful traditional practices, that she continues to receive mail and other information concerning male circumcision and that several studies have been conducted by university departments, such as the department of sociology of the University of Minnesota, or by individuals, on social, anthropological, medical and other aspects of female genital mutilation.

78. The Special Rapporteur once again expresses her appreciation for the many petitions sent in by schoolchildren and students from various countries condemning female genital mutilation. This trend, which increased in intensity last year, has not declined. This awareness and mobilization on the part of young people is an encouraging sign that the practice may eventually be eradicated. Since most of the petitions are sent in by European or North American institutions, however, she would like to appeal to the teaching staff concerned to ensure their students are given clear, objective information in order to avoid religious overtones or the stigmatizing of certain cultures.

79. The Special Rapporteur also wishes to report that a "Youth Forum", organized by the Inter-African Committee, was held in Addis Ababa from 25 to 27 April 2000. More than 60 young people from 16 African countries were joined there by representatives of United Nations organizations such as WHO, UNFPA and UNICEF and other special guests. Young people, who account for 40 per cent of the population of Africa, have an important role to play in the eradication of harmful traditional practices.

80. These extremely motivated young people discussed various harmful traditional practices such as female genital mutilation, early marriages and nutritional taboos and they undertook to

do everything they could to eradicate them. They decided to set up a youth network in Africa, which would be responsible in particular for implementing the plan of action adopted by the young people during the forum; this plan of action outlines strategies for eradicating harmful practices through information, education, dialogue, and creating awareness in communities, especially among religious leaders and notables. The young people said they were convinced that their joint efforts and their cross-border links would greatly help to change people's attitudes.

81. The Special Rapporteur welcomes this initiative, which, she hopes, will be followed by other young people, either by joining the existing network or by creating other similar networks. She also hopes the networks will extend beyond the African continent.

82. For the sake of transparency, the Special Rapporteur would like to mention the fact that she continues to receive occasional letters condemning male circumcision. In that connection, she would like to recall that her mandate, as defined by the Sub-Commission on the Promotion and Protection of Human Rights, concerns traditional practices affecting the health of women and the girl child. The same mandate applies with regard to the General Assembly or other United Nations bodies. By restricting herself to female circumcision, the Special Rapporteur is therefore only keeping to her terms of reference. Furthermore, she considers that the harmful effects of male circumcision cannot in any way be compared or equated with the violence, danger and risk faced by girl children and women.

83. Finally, the Special Rapporteur welcomes the research being conducted by universities and by individuals as part of specialized study or out of personal interest, and encourages such initiatives.

## II. OTHER TRADITIONAL PRACTICES

84. The Special Rapporteur was particularly shocked by reports in the media concerning crimes of honour. Moreover, while the practice of female genital mutilation is arousing opposition in the public awareness, and in particular among the communities concerned, other practices, which are just as harmful and widespread, are still maintained and sometimes even reappear in different guises, becoming more insidious. Examples are early marriage, forced marriage, early pregnancy, son preference, dowries and violence in the family, including incest.

85. The section below gives information submitted by Governments concerning practices other than sexual mutilation as well as all further information received by the Special Rapporteur on the subject.

### A. Information supplied by Governments

86. In its submission, the Government of Azerbaijan described the progress made in the enforcement, promotion and protection of women's rights. Despite legislative and governmental measures aimed at ensuring equality before the law and with regard to social benefits, on the one hand, and the protection of women against abuse and violations of their rights, on the other, Azerbaijan acknowledges that practices affecting the health of women and girls, such as domestic violence and acts committed in the name of honour, continue to exist. In that respect,

the competent national ministries and administrations are taking measures to ensure that inquiries are opened into such offences in order to punish those responsible and prevent the offences from recurring.

87. Guatemala's submission refers to various measures of a preventive, penal, legislative and administrative nature taken to protect women and children in Guatemala. Following the adoption in 1998 of a national plan of action for the elimination of harmful traditional practices affecting the health of women and children, governmental bodies took measures which have had a positive impact on practices such as son preference, early marriage and violence against women and girls, and on reproductive health, control of pregnancies and family planning policies. These achievements were made possible, in particular, by integrated follow-up of such practices within the different ministries and other non-governmental bodies, and by training and information campaigns and the revision of textbooks.

### B. Measures taken within the United Nations system

88. The Special Rapporteur would like to draw particular attention to the campaign launched by UNICEF on 7 March 2001 against early marriage, or child marriage. Based on statistics showing that it is common to find countries where more than 50 per cent of girls are married by their eighteenth birthday, UNICEF launched a world campaign to prevent early marriage. The campaign was accompanied by the publication of a report addressing the numerous negative consequences and the implications of early marriage, ranging from limitations on girls' freedom to consequences for their health and education. Early pregnancy, the natural consequence of such marriages, leads to an increase in infant mortality. Furthermore, girls, who are at greater risk of contracting HIV, are quite frequently infected by a husband who is himself infected and believes that he will be cured by having sexual relations with a virgin. Preventive measures require mobilizing organizations and individuals in the field and providing parents and girls with clear information. Education for parents, to convince them of the need to send their girls to school and keep them there as long as possible, is the key element of any preventive policy. In addition, information services explaining the risks to which they are exposed should be made available to girls who are already married.

89. In that connection, it should be noted that the Working Group on Contemporary Forms of Slavery decided, at its twenty-sixth session, to examine as a matter of priority at its twenty-eighth session (2003) the question of contemporary forms of slavery related to discrimination, in particular discrimination based on sex. Early marriage, forced marriage and bride selling will be among the topics discussed.

90. In connection with the priority activities and programmes set up by the United Nations Population Fund to control the spread of HIV, and as part of the follow-up to the implementation of the Programme of Action of the International Conference on Population and Development, held in Cairo in September 1994, the United Nations Population Fund devoted its annual report to the negative impact of inequality based on sex, not only on individuals but also on the national economy and on social progress. With regard to reproductive health, the effect of such inequalities on adolescents is seen in early pregnancies, an increase in infant mortality and discrimination in access to health care and in the quality of care received.

## Conclusions

91. The Special Rapporteur would like once again to express her appreciation to the States and international organizations which not only responded to her request for information, but have expressed their commitment and determination to act to improve the situation of women throughout the world who are suffering discrimination that most often seriously affects their physical and emotional health and that undeniably represents an attack on their dignity and a flagrant violation of their most basic rights.

92. Local and international NGOs, particularly the leaders of the Inter-African Committee, deserve steady encouragement and material and financial support for the crucial role they play in implementing policies and activities aimed at eliminating harmful practices.

93. The Special Rapporteur would like to pay them tribute and to make her support available for any such initiatives, at national, regional or international level.

94. She would like, however, to make a few comments on the treatment given to crimes of honour at the fifty-fifth session of the General Assembly. In her fourth report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child, the Special Rapporteur explained that the crime of honour is an ancient practice that prevails in some parts of the Middle East and in Pakistan, and was also common in the past in countries of the Mediterranean Basin, particularly in very traditional, remote areas of Greece and Italy, where it was principally aimed at birth control.

95. She also emphasized the fact that crimes of honour go against the principles of Islam.

96. For that reason, in February 2000 a major demonstration was held, led by the Jordanian princes, to urge the abolition of the practice. A demonstration was also held in Pakistan to condemn the practice.

97. The Special Rapporteur concluded by saying that she remained convinced that dialogue, perseverance and education for both men and women would in the end overcome all such harmful practices. There is absolutely no doubt that changes in attitudes are a crucial factor in successfully combating age-old traditions perpetrated by traditional societies that should in no case be condemned, even in the name of human rights.

98. Attempting to impose changes by deliberately undermining what societies hold most sacred, through denigration, false propaganda or discriminatory stereotypes, is counterproductive to effective action to combat injurious practices.

99. It should be noted that, if progress has been observed in combating female genital mutilation, that has been because the campaigns that have been conducted for years at both international community and NGO level have been based on dialogue, persuasion and respect for the people concerned and have raised the awareness of Governments and all leaders in a position to encourage them to contribute effectively to combating such practices.

100. It is therefore regrettable that, at the fifty-fifth session of the General Assembly, the sponsors of resolution 55/66, entitled Working towards the elimination of crimes against women committed in the name of honour, did not take the necessary care to ensure a dispassionate debate and the adoption by consensus of a draft whose intentions were well-meaning, but which got off to a very unfortunate start with the projection, at United Nations Headquarters, of a film entitled "Crimes of Honour".

101. The Muslim delegations were particularly surprised at the tendentious nature of the film, made by a non-Muslim, Shelley Saywell, which attributed crimes of honour to Islamic practices and manipulated and distorted Koranic verses to prove its point. The projection prompted the members of the Organization of the Islamic Conference officially to express regret and state that crimes committed against women have absolutely no basis in Islamic teachings, practices or values.

102. The draft resolution was put to a vote, which in the Special Rapporteur's opinion could have been avoided if the sponsors of the resolution had sufficiently considered the advisability of showing a film that, far from achieving the sponsors' goal, had a disruptive effect and led to controversy and confrontation which did nothing to serve the fight against harmful practices such as crimes of honour.

---